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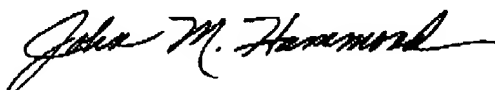
To:	In The United States Patent and Trademark Office	Number of pages, including cover: 2
Fax:	571.273.8300	From: John M. Hammond
Phone:		Date: March 31, 2009
Re:	Power of Attorney and Change of Correspondence Address attached	

Dear Sir or Madam,

I respectfully request that the attached Power of Attorney and Change of Correspondence Address be entered and that I become Agent of Record in the Office as soon as possible in application Control No. 90/009,415. This is an *Ex Parte* Reexamination matter for which I have been retained as Agent by the Third Party Requestor. A filing in this matter is due on April 9, 2009, and I urgently need access to the file wrapper and the ability to discuss this matter with Patent Office staff members as soon as possible.

The Customer Number for my firm, Patent Innovations LLC, is 46488. Your assistance in entry of this Power of Attorney and Change of Correspondence Address is very much appreciated. If you have questions, please call me at (585) 346-3783.

Respectfully submitted,



John M. Hammond P.E.
Reg. No. 52,986

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**POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	08/998,889; CONTROL NO.: 90/009,415
Filing Date	12/23/1997
First Named Inventor	CAVADINI, Christof
Title	Pet Food Product Containing Probiotics
Art Unit	
Examiner Name	SAYALA, Chhaya D.
Attorney Docket Number	Requestor Docket No.: WYS101

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

OR

☒ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number
John M. Hammond	52,986

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☒ Firm or
Individual Name
Address

Patent Innovations LLC

150 Lucius Gordon Drive, Suite 205

City West Henrietta State NY Zip 14586

Country US

Telephone 585.346.3783 Email jmhammond@patent-innovations.com

I am the.

☐ Applicant/Inventor.

☒

Third party Requestor of Reexamination of U.S. Patent 5,968,559. Control No. 90/009,415. I hereby appoint the above practitioner in a representative capacity under 37 CFR 1.510(f).

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/98) submitted herewith or filed on _____

SIGNATURE of Third Party Requestor

Signature Date 3/31/2009

Name Lucas G. Wysong Telephone (888) 631-0009

Title and Company Vice President, Wysong Corporation

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.